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PTO/SB/21 (08-00)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

| | |
|------------------------|------------------|
| Application Number | 10/817,642 |
| Filing Date | April 2, 2004 |
| First Named Inventor | Cameron Kerrigan |
| Group Art Unit | 1734 |
| Examiner Name | L. E. Edwards |
| Attorney Docket Number | 50623.380 |

Total Number of Pages in This Submission
(excluding references)

15

ENCLOSURES (check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Postage Paid Return Postcard | <input type="checkbox"/> Drawing(s) In/Formal ___ Sheets with Submission of Drawings Transmittal | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Response (9 pages) | <input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate) | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> Amendment Transmittal Letter (in duplicate) | <input type="checkbox"/> Request for Continued Examination Transmittal (RCE) | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Fee Transmittal Form (in duplicate) | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Petition for Extension of Time (1 month) (in duplicate) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 | <input type="checkbox"/> Terminal Disclaimer | Statement Of Common Ownership (1 page) |
| <input type="checkbox"/> Request for Refund | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input checked="" type="checkbox"/> Express Mail Label No. EV 337 975 763 US | | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|---|
| Firm or Individual name | Squire, Sanders & Dempsey L.L.P. Mark Lupkowski, Reg. No. 49,010 |
| Signature | <i>Mark Lupkowski</i> |
| Date | January 12, 2005 |

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: January 12, 2005

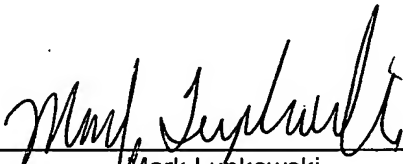
Typed or printed name Patricia Gamble

Signature

Patricia Gamble

Date

January 12, 2005

| | | | | | |
|---|-------------------------------------|--|--------------------------------|--------------------------------|----------------|
| AMENDMENT TRANSMITTAL LETTER (Large Entity) | | | | Docket No. 50623.380 | |
| Applicant(s): Cameron K Morgan | | | | | |
| Serial No. 10/817,642 | Filing Date April 2, 2004 | Examiner Laura Estelle Edwards | | Group Art Unit 1734 | |
| Invention: Coupling Device For Ar Stent Support Fixture | | | | | |
| TO THE COMMISSIONER FOR PATENTS: | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as show below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 9 | 20 | 0 | X \$50.00 | \$00.00 |
| INDEP. CLAIMS | 2 | 3 | 0 | X \$200.00 | \$00.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$00.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$00.00 |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. 07-1850 in the amount of \$00.00</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or credit any overpayment to Deposit Account No. 07-1850</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input type="checkbox"/> Any patent application processing fees under 37 C.F.R. 1.17.</p> </div> <div style="width: 45%; text-align: right;">  <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p>Mark Lupkowski Reg. No. 49,010</p> </div> </div> <div style="margin-top: 20px;"> <p>Dated: January 12, 2005</p> <p>Squire, Sanders & Dempsey L.L.P.</p> <p>1 Maritime Plaza, Suite 300</p> <p>San Francisco, CA 94111</p> <p>(415) 954-0200</p> <p>cc: Docket:</p> </div> | | | | | |